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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/619,034
Filing Date	05/10/2005
First Named Inventor	Denise Robinson
Art Unit	3751
Examiner Name	Kenneth T. Truong
Attorney Docket Number	22-04071361-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Denise Robinson		
Address	381 D Park Ridge Lane		
City	Aurora	State	IL
Country	US		
Telephone	630-494-0338	Email	denise@spcglobal.net

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Denise Robinson		
Date	8/10/06	Telephone	630-494-0338

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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